

**ARIZONA STATE BOARD OF ACCOUNTANCY**

**100 North 15<sup>th</sup> Avenue, Suite 165**

**Phoenix, Arizona 85007**

**Phone 602-364-0804**

**Facsimile 602-364-0903**



STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )  
\_\_\_\_\_ )

**AFFIDAVIT**

I, \_\_\_\_\_, hereby certify that I am over 60 years of age, and do not perform any accounting services, including recording and summarizing of financial transactions, analyzing and verifying financial information, reporting of financial results to an employer, clients or other persons and the rendering of tax and management advisory services to an employer, clients or other persons.

I understand that before I can perform any accounting services, I must notify the Board that I have completed 80 credit hours of CPE (60 credit hours if not in public accounting) which have been acquired during the two-year period immediately preceding the return to accounting services. Refer to R4-1-453 for CPE regulations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_